

2012-344
240059

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Company Name
LMK Communications, LLC

Dbafka
Clarity Communications Group Inc.

Mailing Address
9650 Strickland Rd #103-143

City, State, Zip Code
Raleigh, NC 27615

Business Location
Raleigh, NC 27615

City, State, Zip Code

FFIN/COM

Telephone #
919-623-4101

Wake
County

REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation

Mailing Address: 2 Office Park CT #103
Columbia, SC 29223

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Jennifer M. Halsing

A. General Manager (Include Address if different than above)

919-623-4101 / 800-830-5093 / Jennifer@networkclarity.com

Telephone Number / Facsimile Number / E-mail Address

Same as A.

B. Customer Relations/Complaints Representative (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

Same as A.

C1. Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

877-925-2748

C2. Customer Contact (Toll Free Number)

Carl Miller

D. Engineering Operations (Include Address if different than above)

919-841-4212 / 919-841-4535 / Carl@networkclarity.com

Telephone Number / Facsimile Number / E-mail Address

Same as D.

E. Test and Repair (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

F. Emergencies (During Non-Office Hours)

877-925-2748 / 919-841-4535 / Carl@networkclarity.com

Telephone Number / Facsimile Number / E-mail Address

RECEIVED

**PSC SC
MAIL / DMS**

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Same as A.
G. **Regulatory Officer** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
H. **Dual Party Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
I. **Interim LEC Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
J. **Universal Service Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
K. **Gross Receipts Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
L. **Lifeline Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

Jennifer M. Halsing

This form was completed by

Assistant Secretary & Ass. Treasurer

Title

Signature

10/25/2012

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201